

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Frank Treadway, Joey Clark Hatfield, Charles W. Hensley		COURT CASE NUMBER 5:16-cv-12149	
DEFENDANT Bluestone Coal Corp., Bluestone Industries, Inc., Mechel Bluestone, Inc.		TYPE OF PROCESS Personal service or certified mail	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN John Hussell, Esq. (attorney for Defendants; authorized to accept service of process)		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 300 Summers Street, Suite 1230 P.O. Box 3971 Charleston, WV 25339		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Samuel B. Petsonk, Esq. Mountain State Justice, Inc. 223 Prince Street Beckley, WV 25801		Number of process to be served with this Form 285 3 Number of parties to be served in this case 3 Check for service on U.S.A. 	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): John Hussell contact information --- Office: (304) 345-9455; Fax: (304) 345-4607 john.hussell@wwdhe.com			
Signature of Attorney other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (681) 207-7510 DATE 4/24/2019
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 2	District of Origin 17	District to Serve 17 Signature of Authorized USMS Deputy or Clerk Date 5/22/19
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date 08.15.19	Time 1004 <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above) Same as above.		Signature of U.S. Marshal or Deputy J. Bailes	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

REMARKS

